GNWT Health and Social Services

2004-05 Community Client Feedback

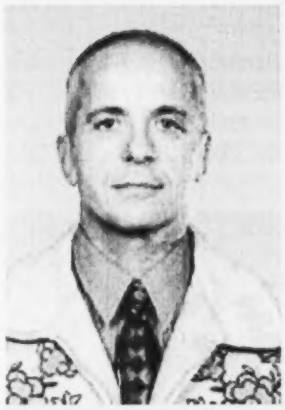
Minister's Report to the Public

Northwest Territories Health and Social Services

September 2005

106-00589/

Message from the Minister



I am pleased to present the results of the *2004-05 Community Health and Social Services Client Feedback Report*. It represents the commitment made in the *Health and Social Services System Action Plan 2002-2005* to measure consumer satisfaction with health and social services. You have told us that you are satisfied, for the most part, with the health and social services in your community. The completed feedback forms gave considerable recognition of staff competence, professionalism, helpfulness and friendliness.

Your suggestions for improvement are being considered as part of our regular business planning cycle.

I would like to extend my appreciation to everyone who took the time to complete a form and provide us with comments. The Health and Social Services System continues to change in an effort to provide the best possible services within existing resources. Client feedback lets us know how effective our efforts have been and we will continue to invite feedback on an annual basis.

J. Michael Miltenberger
Minister of Health and Social Services

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In October 2004, the Department of Health and Social Services placed Client Feedback Forms in community health centres and social services offices across the NWT.

The total number of forms returned was 512. This included 487 from communities outside Yellowknife.

Completed forms represented clients who had received services from:
- doctors;
- nurses;
- social workers;
- community health representatives;
- home care workers; and
- wellness workers.

Overall Friendliness of Staff -
89.3% of respondents were satisfied or very satisfied

Overall Quality of Services -
88.8% of respondents were satisfied or very satisfied

Top three aspects that people like about the health and social services in their community:
- Communication (including friendliness of staff) (26%)
- Quality (includes staff competence) (23%)
- Responsiveness (19%).

Top areas for improvement to the health and social services in their community:
- Accessibility (41%)
- Responsiveness (14%)
- Communication (14%)
- Continuity of Service Provider (13%).

The Health and Social Services System will continue to measure satisfaction and seek feedback in an effort to provide the best possible services with existing resources.

October 2004 k'e, edzanèk'e azhǫ naìdık'èzhǫ kǫ̀ gohłį eyıts'ǫ ts'èko k'aawo gınįhtł'èkǫ̀, dǫne edàgįwǫ gogedı gha dıı nįhtł'è azhǫ akǫ negįwa.

512 nįhtł'è goghǫ̀gįwa. Sǫmbak'e weèʔǫ̀ ts'ǫ̀ kǫ̀ta yagòla gots'ǫ 487 nįhtł'è goghǫ̀gįwa.

Dıı haanı dǫne gıts'aįdı t'à nįhtł'è segįla t'à goghǫ̀gįwa:
- Naìdık'èzhǫ
- Naìdık'èzhǫ ts'adì
- Ts'èko k'aawo
- Kǫ̀ta naìdık'èzhǫ xè eghàlada
- Dǫne kǫ̀ segįhwhǫ eyıts'ǫ
- Hotìts'enda gha dǫne ts'andì

Azhǫ gha nındè akǫ dǫne eghàlaede sıı ahsį̀ sǫgįwǫ -
89.3% gıgha nezį eyıts'ǫ sìı gıgha nezį gedı

Azhǫ gha nındè, edàanì nets'àgįdı
88.8% gıgha nezį eyıts'ǫ sìı gıgha nezį gedı

Dekǫ̀ta gots'ǫ Naįdık'èzhǫ naawo eyıts'ǫ Ts'èko k'aawo naawo ghǫ asìı taı gıgha nezį gedı:
- Edàanì eɬexèts'ǫ̀ gots'ende (dǫne sǫgįwǫ sıı gedı) (26%)
- Edàanì dǫne ts'àgįdı (edàanì dǫne ts'agedı) (23%)
- Įwhą dǫne ts'ahòdı (19%)

Naxìkǫ̀ta gots'ǫ Naìdık'èzhǫ naawo ts'ǫhk'e eyıts'ǫ Ts'èko k'aawo naawo ts'ǫhk'e akweɬǫ̀ seèdle gha hahòdı.
- Ahsį̀ asìı azhǫt'à gogha hoòʔǫ (41%)
- Edàanì dǫne ts'ǫ̀ nàgogede (14%)
- Eɬèts'ǫ̀ gots'ende (14%)
- Edàanì ats'ǫ dǫne ts'ahòdı (13)

Naìdık'èzhǫ naawo eyıts'ǫ Ts'èko k'aawo naawo xè eghàlagìdedǫ, dıı dzę k'e asìı azhǫ edàtłǫ gıts'ǫ xè įɬa deèʔǫ̀ nezį dǫne ts'agedı ha gįwǫ.

ʔełts'us k'aatı zák'e 2004, jądızí nëne t'ók'e háyǫrįla ʔeya k'áánı chu Dëneba Nádı chu ʔerıhtł'ís k'áánı kǫ́ę́ hǫ́lį ʔeríhtł'ís hubexa nílya, dëne t'a dáyıdhën sí xa.

Harelyǫ́ t'á 512 ʔeríhtł'ís nuweghą nílya. Dırı sí, beghúldesche ts'į ʔat'ele, ʔeyërle ts'į ʔat'e.

T'ą ʔeríhtł'ís nuweba nįla sí, ją ts'į bets'édı ʔat'e.
- Nádórelya-u
- ʔeya k'élnı ʔaʔe-u
- Dëneba Nánı Dëne-u
- ʔeya k'áánı Dëne Ts'énı-u
- Dëne kuę́ surílthën Dëne-u
- Dëne suwéna xa Dëne Ts'énı-u

Harélǫ t'ą dëneba ghálahéna dëne dánélį-
89.3% dëne hubını tó ʔaté su hubını

Harélǫ t'at'u hubexa ʔeghálához̨ą-
88.8% dëne hubını to ʔaté su hubını

ʔasí tàghe dırı ʔeya k'áánı chu dëneba nádı chu háyǫrıla dëne hubını:
- ʔaté dënexél dáyheltı-u (26%) (dëne dánélį-u)
- T'at'u ʔeghálahena (bįlaè k'óherelyą) (23%)
- T'at'u dëne ts'éhenı ʔaté su ʔats'ën. (19%)

ʔeya k'áánı chu dëneba nádí chu háyǫrįla deʔaaze hǫzǫ dëneba ʔeghálahéna xa:
- Bedįnááltı dé het'į huts'élʔį (41%)
- T'at'u dëne ts'éhenı ʔate su ʔats'ën (14%)
- T'at'u dënexél yahełtı (14%)
- K'étł'aze t'at'u súgha sí dëne ts'éhéni (13%)

ʔeya k'áánı chu dëneba nadı chu k'áuneta-ǫ t'at'u deʔą́ą́ze dëne ts'éhení dúwéle sí hurełdzá xa.

Vàdzaıh Zrìı' 2004 dàı', aıı Srìıgǫhdaıı ts'àt Nehsrıjàhch'uu K'atr'ınahtıı Kat gogàhnuu kat Srıigwandaıı Zheh gwatagogwınyàanch'uu gwızhìt edînehtł'eh gatr'oodahkat nılıı gwıntł'ànatr'ınahchuh.

Jıdìı dıntł'ànatr'ınąhchuh zrıt 512 gıdılıı t'agınaanch'uu goonlı'. Srıitsoonjık geh'àt kaıık'ìt gwats'at tthak zrıt 487 gıdılıı t'agòonch'uu.

Juudìn edînehtł'eh tthak gwichìılagwıdhjį'aıh t'at:
- dınjıı srìnalıı kat;
- ełts'ık k'ànahtıı kat;
- nehsrıjàhch'uu k'ànahtıı kat;
- ełts'ık k'ànahtıı gwats'ànuu kat;
- zheh gwızhìt ełts'ık nılıı guk'ànahtıı kat; ts'àt
- srıigwandaıı eenjıt gwats'ànuu kat chan.

Gwızhìt Gwıtr'ıt T'agwah'ı Kat zhuughat'agıdıch'uu geenjıt -
89.3% geenjıt shòh gıınlıı gòo gwıyaa'an akòo t'agıınch'uu

Nıts'oots'àt Guk'ànahtıı Geenjıt -
88.8% geenjıt shòh gıınlıı gòo gwıyaa'an akòo t'agıınch'uu

Kaıık'ìt gwızhìt jıdìı ıısrıts'àt tık gıdılıı hàh gat'agıınıındhan:
- Nıhts'àt tr'ıgıınjık (dınjıikat hàh zhuughat'agıdıch'uu gıınlıı) (26%)
- Daoch'uu Geenjıt (dınjıı kat gwızhìt chan dagıınch'uu) (23%)
- Nıts'oots'àt Gwıts'àt Ak'aıındak Gıınlıı (19%)

Jıdìı hàh gwıtr'ıt t'agugwahah'yaa geenjıt dıınjıtr'ıdızhıt:
- Gwıts'àt tr'ıınjıı geenjıt (41%)
- Nıts'oots'àt Gwıts'àt Ak'aıındak Gıınlıı (14%)
- Nıhts'àt tr'ıgıınjık (14%)
- Nıts'oots'àt tth'aıh dıts'àt tr'ıınjıı geenjıt (13%)

Jıı Srìıgwandaıı ts'àt Nehsrıjàhch'uu K'anahtıı Kat t'at tth'aıh aıı gwızhìt hàh gwıtr'ıt t'agogwahah'yaa ànts'àt dadohnuu geenjıt gootadahch'yaa t'agoonch'uu geenjıt gàtohkhwındaıı gwįįzrıı gwızhìt gwıtr'ıt gogwıteelyaa geenjıt.

2004 xat'á gú ʔeyı ráídı hé ʔeyı dene ts'érádı gá ʔeghálayedaı ke ʔeyı júhdá néné gota judenı ʔeghálakeyeda góyə ʔeyı ʔedɻhtł'é bek'e daʔudíke dátł'e sóʔats'ulə gha ríkínıla.

ʔareyǫ́né gogha ʔedɻhtł'e 512 kughárahęya. Derıta Sǫ́ba kǫ́ę́ godudzɻne kǫ́ta yágóla gots'ę 487 kughárahęya.

Derı ke gots'éráyɻ́dı gá ʔedɻhtł'e sóʔakɻ́la:
- ráídı k'óodeyǫke;
- kǫ́ta ráídı hé ʔeghálayedaıke;
- ts'ónét'e gá ʔeghálayedaıke;
- kǫ́ta ráídık'é gogha ʔeghálayedaıke;
- denékǫę góyə dene hé ʔeghálayedaıke; gots'ę
- gonezǫ́ ʔats'út'e gá dene hé ʔeghálayedaıke.

ʔeyı ʔeghálayedaıke sú dene həkənálɻ gú dene ts'érákeyɻ́dı-
89.3% ke ká kugha máhsı dódí nídé goshó kugha máhsı kedeyɻ́dı

Sú gonezǫ́ kughálayáda-
88.8% ke ká kugha máhsı dódí nídé goshó kugha máhsı kedeyɻ́dı

Kǫ́ta t'áhsɻ taudet'e kehé xáhwere raxegha gonezǫ́ ʔeghálakeyeda
kedeyɻ́dı la:
- Dene ts'ę́gokədənı (ʔeghálayedaı dene həkənálɻ daı) (26%)
- Dá ʔeghálakeyeda (ʔeghálayedaıke deʔeghálayída hé dúle kɻlɻ daı) (23%)
- Sú forı kuts'érágodı (19%).

Kǫ́ta yerı kehé xáhwere gonezǫ́ raxegha ʔeghálakeyedá ʔaragots'ulə kedeyɻ́dı:
- Kugháts'eyúda godúyíle (41%)
- Sú forı kuts'érágodı (14%)
- Dene ts'ę́gokədənı (14%)
- Sú ʔehtł'áí dene ts'érákədı (13%)

ʔeyı Ráídı hé Dene Ts'érágodə gá ʔeghálayedaıke yerı kugha wela hé ʔehtł'áí sú gonezǫ́ dene gha ʔeghálakeyeda goghárakeyída wolé góʔǫ.

2004 Mek'eh Detę Zaa zhí, edıhtł'é daxáde, amíı Kaǫ́ndíı K'eh Détth'ı Yıǫ́lı keh, eghálaedée t'ą́ą kágógedı ezhı odı dı Gots'ádı keh NWT zhíe medıhtł'ée yáthela.

Azhǫǫ t'áh edıhtł'é góghǫ nozha la 512. 487 Soomba K'é gothąą kǫ́tah yágóla gots'ę́.

Dı t'aa gots'ádı yıǫ́lı amíı ghǫ egedıtł'ée:
- Náıdík'éozhǫǫ Denezhu;
- Náıdík'éozhǫǫ Ts'élı;
- Goghanáendíı Yıǫ́lı keh ;
- Kǫ́tah gonezų ts'undáa k'eh eghálaenda helı;
- Gots'ádı gha theda; gots'ę
- Gonezų Agót'ée k'eh Eghálaıdée.

Azhǫǫ eghálaıdée sǫegenıdé yıǫ́lı hésıı -
Amíı yeghǫ edágedındíı la 89.3% met'áh goınıé tao, edáodacho met'áh goınıé dué

Edáodacho gots'áedíı hésıı -
Amíı yeghǫ edágedındíı la 88.8% met'áh goınıé tao, edáodacho met'áh goınıé dué

Azhíı godıcháa taı t'áh gots'ágendı ts'ę́ gogha nezų la:
- Ełets'ę́ gots'ęnde (t'aa eghálaıdée sǫegenıdé chu) (26%)
- Edáodacho (amíı chu t'aa gonezų eghálagıdée keh) (23%)
- Edáondíı edédıdíı, ká yek'éogedezhǫ hélı (19%)

Edáondíı hénıdé zǫh dı eghálaıdée gonezų aget'ı holí :
- T'ats'ǫ́zę́ chuu ts'atáa agıt'e (41%)
- Edáondíı edédıdíı, ká yek'éogedezhǫ hélı (14%)
- Ełets'ę́ gots'ęnde (14%)
- Eghálaıdée keh, ká ezhı hét'ıı (13%)

Eghálaıdée keh edáodacho nahets'ágındíı hésıı, káa akahot'e hét'ıı, nahets'agendı hésı́ı héghǫgeda gha. Gonezų nahets'ádı nahe gha nezų, hénıdé nahets'ádadahndı, kaondí hénıdé azhíı t'áh nahets'áıdıı holíı.

Ovanı okıomı 2004, okoa Kavmat Annıaktolıkıyıt Olasılıkıotlo noıtıvaktot Inuıit Ekayukhınıgıt Okaotaıt Tıtıgakvıkhat nunanı monakhıkakvıknı ovalo olasılıkıotlo afısıını tamaını Nunatıamı.

Hapkoa tamaıta kaffıt tıtıgakvıkhat kaıvaktot amıgaıtıgıot 512. Haman elalık 487 okonanga ınukaknınıt ahıanıt Yelonaı.

Enıkhımayut tıtıgat tıtıgakvıohımayut ınuknıt kaıhımayut okonanga
- daktınıt;
- monakhınıt;
- olasılıkıonıt;
- nunanı monakhınık havaktınıt;
- ınuknık ekayuktıt ınutkoanı; ovalo
- koviattakhaıyınık havaktını.

Tamaıta Eghınaıtot Havaktıt -
89.3% okoa kıoyut koviagıyaıt nlaıak ehoagıyaıt havaktıt

Tamaıta Namakpıaktot Ekayukhıkvıit -
88.8% okoa kıoyut koviagıyaıt nlaıak ehoagıyaıt

Okoa pıngahot ınıt ehoagıyaıt okoat monakhıtkot olasılıkıotlo nunamingni ınuit:
- Okaktıgıiknık (okoalo eghınaıtot havaktıt) (26%)
- Ayoıttotlo (okoalo havaktıt ayoıtot) (23%)
- Ekayuknagıkpaktot (19%).

Okoa ehoakhıyagıakaktot monakhıtkot olasılıkıoıto nunamını:
- Takoyumınaktot (41%)
- Ekayuknagıkpaktot (14%)
- Okakatıgıomınaktot (14%)
- Ehoaktot Monakhıtkot Havakvıit (13%).

Okoa Monakhıtkot Olasılıkıot Havakvıit aolahımakmaktot ehoaktokot aolavkloni ovalo kenıkhıavakmaktot kıoyaoyunık ema ehoakhagıanggıtnı monakhıt havakvıt aolatıtlogıt nunanı.

Ukiaksami October 2004ngurman, Angalatchiyit Anniarvikun Inuinnun Ikayurviksaanunlu makpiraanik tuyuqtuat tamainnun anniarvingnun nunaptingni ittuat apiqsuruklugit qanuq isumammagaita.

Tamatkilugit utiqtiyuat 512tun makpiraanik. Tamatkuat inuuniarviit 487tun ilagilugit Yellowknifemin silataaniittuat.

Kiuyuat makpiraakun apiqsuqsimayait ukuat savaangit iluaqpata:
- taaktiit;
- munaqsiyit;
- inuinnun ikayuqtit
- inuuniarvingni ikayuqtit anniarniqkun;
- aimavingni ikayuqtit; suliptauq
- ikayuqtuat inuuniarusikun.

Savaktingit Talurnaitpangmata -
89.3% nakuugiyaat ilaittuaq aasiin nakuugivialukkaat

Ikayummaarikkumik Ikayuqsiuqtuanun -
88.8% nakuugiyaat ilaittuaq aasiin nakuugivialukkaat

Pingasuuyuat inuit inuuniarvingni nakuugiyangit angalatchiviksaikun anniarvingnilu Inuinnun Ikayurviksaanunlu:
- Uqaqatigiikkumik (ilagilugulu savaktingit talurnaimmata) (26%)
- Nakurniqsaugumik (savaktingit ilisimagumik savaamingnik) (23%)
- Qilamik Ikayuqpakumik (19%)

Ukuat sivulliutilugit tutqiksauyaksait inuuniarvingni anniarvingnilu Inuinnun Ikayurviksaanunlu:
- Pitchiriaqtuanik Ikayurviksaruaqsaqtut (41%)
- Qilamik Ikayuqpakumik (14%)
- Uqaqatigiikkumik (14%)
- Iluaqpata Allanguqpallarnagit Ikayuutiviksait (13%)

Ukuat Angalatchiyit Anniarvikunlu Inuinnun Ikayuutiviksainunlu suli nautchiurniarait savaangit ilurriniaqlugu inunginnun suliptauq apiqsupsaarniarait qanuq isumagamammagaita.

The evaluation of consumer satisfaction is an item in the Minister's Action Plan for the Health and Social Services System 2002-2005. In addition to measuring client satisfaction to meet this commitment, the *2004-05 Community Health and Social Services Client Feedback* also offers a means for clients to comment on any aspect of programs, services and their delivery. In this way, it serves to measure the overall effectiveness of services and to guide future developments. Efforts to seek and act upon client feedback is an indication of a system that is accountable and responsive to its clientele.

In addition to measuring client satisfaction and receiving feedback on services, there are a number of other intended goals:

- to test the appropriateness of the procedures and the ability to achieve useful results;
- to obtain a larger sample size than the *Canadian Community Health Survey* (CCHS);
- to include community-level service providers from both health and social services; and
- to create the capacity to report annually on client satisfaction at the Authority level.

Across the NWT, 512 forms were returned. This included 487 from communities outside Yellowknife so we achieved our goal to exceed the CCHS sample size of 449.

Completed forms represented clients who had received services from:

- doctors;
- nurses;
- social workers;
- community health representatives;
- home care workers; and
- wellness workers.

Overall results are as follows:

Overall Friendliness of Staff -
89.3% of respondents were satisfied or very satisfied;

Overall Quality of Services -
88.8% of respondents were satisfied or very satisfied;

Top three aspects that people like about the health and social services in their community:

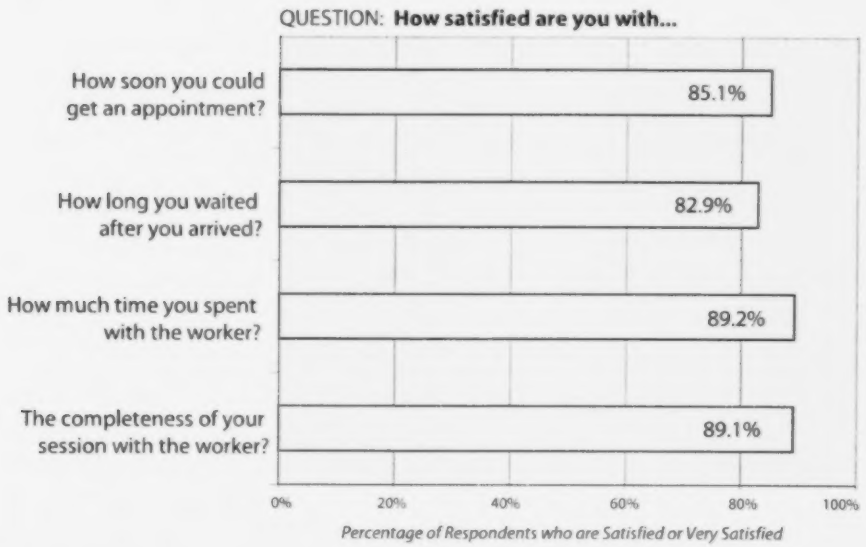
- Communication (including friendliness of staff) (26%)
- Quality (includes staff competence) (23%)
- Responsiveness (19%).

Top areas for improvement to the health and social services in their community:

- Accessibility (41%)
- Responsiveness (14%)
- Communication (14%)
- Continuity of Service Provider (13%).

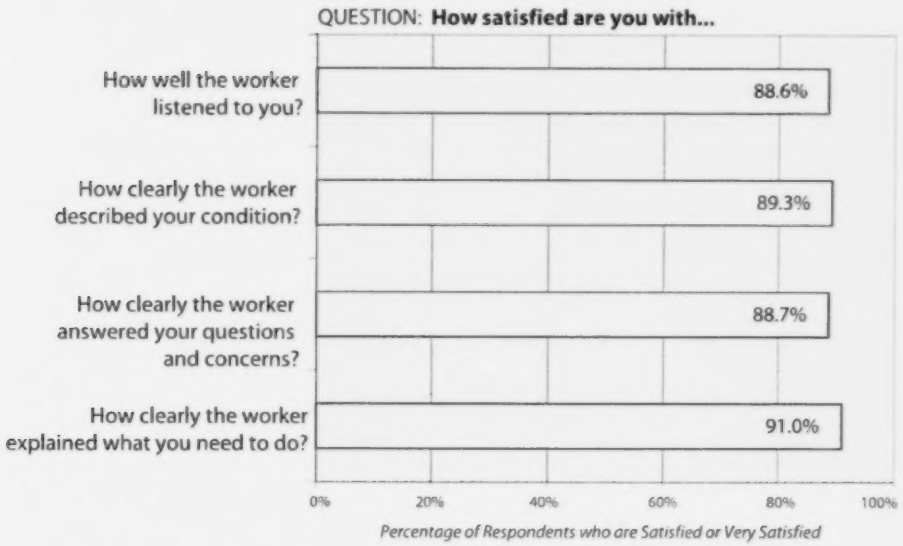
HSS System-wide Results - Timeliness

Access to services can, in part, be measured by client's perception of and satisfaction with waiting times and time spent with the worker. Four of the survey questions measure the client's satisfaction with different aspects of time. These results represent all the combined responses across the NWT.

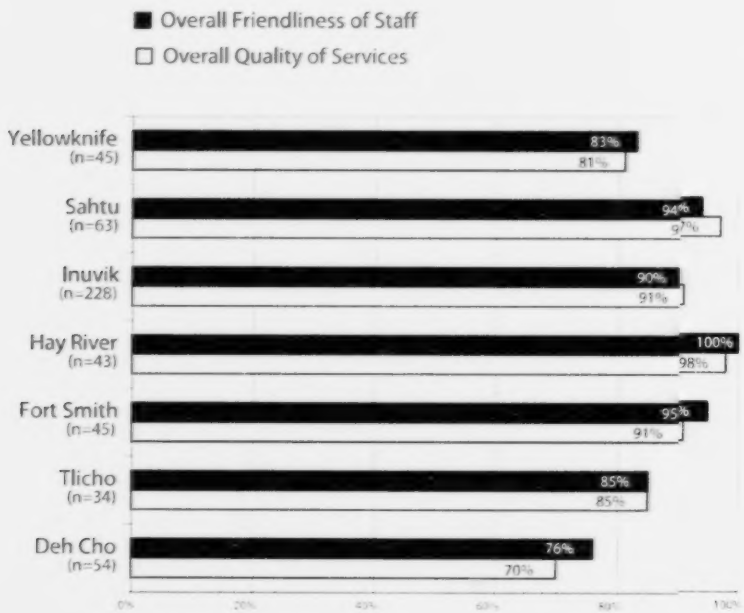


HSS System-wide Results - Communication

The direct interaction between the service provider and the client is important for ensuring the best possible diagnosis and the client's compliance with instructions. Four of the survey questions measure the quality of the communication between service provider and client. These results represent all the combined responses across the NWT.



These two questions measure overall friendliness of staff and overall quality of services. This is a good measure of overall satisfaction with health and social services. By extension, it can be seen as the level of confidence and comfort that the public has with the system.

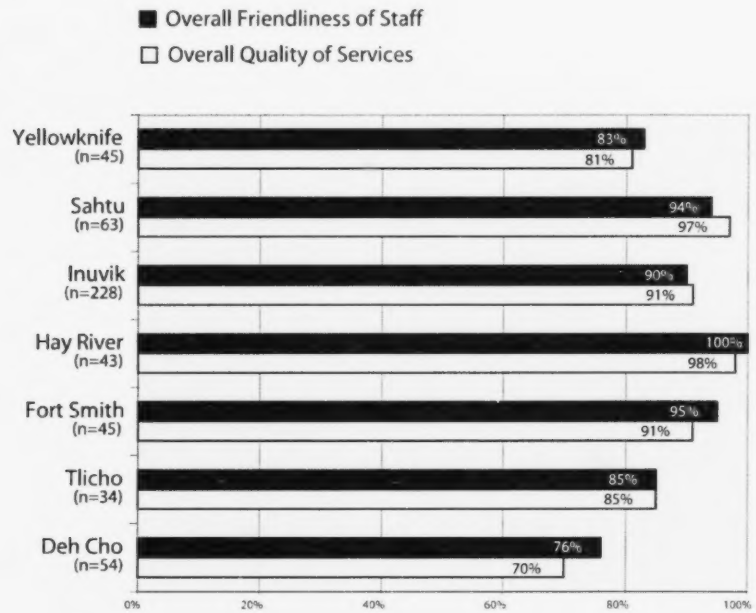


'n' is the number of feedback forms completed and returned from that Health and Social Services Authority

These measures are higher than similar satisfaction surveys, including, a 2003 Alberta health care survey (74%), the 2003 Canadian Community Health Survey (85%), and a review of over 50 health care surveys (77.5%).

Comparison of HSSA-level Results - Overall Quality of Services and Friendliness of Staff

These two questions measure overall friendliness of staff and overall quality of services. This is a good measure of overall satisfaction with health and social services. By extension, it can be seen as the level of confidence and comfort that the public has with the system.



% of respondents who were satisfied or very satisfied

'n' is the number of feedback forms completed and returned from that Health and Social Services Authority

These measures are higher than similar satisfaction surveys, including, a 2003 Alberta health care survey (74%), the 2003 Canadian Community Health Survey (85%), and a review of over 50 health care surveys (77.5%).

HSS System-wide Results - Open Questions:

Two open questions allow clients to provide feedback on any aspect of programs, services and their delivery. Clients told us what they like about health and social services in their communities and gave suggestions for improvement.

The responses were reviewed and used to develop a coding system that reflected the points of view of the client. Finally, the results were grouped into the following eight categories reflecting generally accepted health care and performance principles.

- Accessibility
- Communication
- Quality
- Responsiveness
- Continuity
- Effectiveness
- Client Focus
- Efficiency

Comments about accessibility include:
- general ease in accessing services;
- staff supply;
- facilities - location, condition;
- availability of services;
- hours of operation and frequency of community visits; and
- equitable access.

Accessibility was a major topic that covered 41% of all suggestions for improvement. Nearly half of these express a desire for increased access to staff, especially doctors and nurses, but also, to a lesser extent, dentists and workers in home care, child protection, mental health and addictions. In communities without resident doctors, respondents want doctors to visit the communities more often and to stay longer. Still, 11% of respondents identify accessibility as what they like about the health and social services.

Comments about communication include:
- attitude of the service provider;
- information and explanation;
- transparency and trust;
- privacy and confidentiality; and
- language of service.

Communication represents the highest number (26%) of all comments regarding what respondents like about the health and social services in their community. A large number of comments (88) praise the friendliness or caring of service providers. Conversely, there are fewer comments (20) suggesting that some staff could be more courteous.

Comments about quality cover:
- total quality;
- services;
- staff; and
- facilities.

While 8% of suggestions for improvement identify some aspect of quality, nearly 25% of comments identify quality as the aspect they like about health and social services in their community. Staff competence is particularly noteworthy as it represents 12% of what respondents like about services.

Comments about responsiveness include:
- waiting times;
- willingness to help;
- caring and empathy;
- adaptability;
- a complaints process; and
- recognition of community needs.

The greatest disagreement amongst all responses is in regard to waiting times. Twenty respondents feel that waiting times are too long while twenty-four respondents feel that service is prompt. In regards to a demonstration of caring or willingness to help, 41 respondents find these to be present while 8 respondents find these lacking.

Comments about continuity are defined in three ways:
- informational continuity (use of information from prior visits);
- relational continuity (seeing the same provider over time); and
- integrated clinical management (referrals to other providers).

Continuity, especially the desire to see the same provider over time, represents 13% of all suggestions for improvement.

Comments about effectiveness cover:
- health effectiveness (improving or maintaining overall health); and
- service effectiveness (managing the client's condition through prevention/promotion, diagnosis, treatment, functioning, and support).

Generally, respondents felt that services are helpful; they include it amongst the top four aspects they like about health and social services.

Comments about client focus include:
- respect for autonomy of, and decision-making by, the client,
- consideration of client's circumstances,
- collaboration with family; and
- awareness of culture and community.

There are too few comments on this topic to form any conclusions.

Comments about efficiency include streamlined processes and cost or time effectiveness. There are too few comments on this topic to form any conclusions.

The Department of Health and Social Services developed the HSS Client Feedback in consultation with the Chairs and Chief Executive Officers (CEOs) of the Health and Social Services Authorities (HSSAs). Field-testing was conducted in Fort Simpson in February 2004 to ensure that the form and procedures would give adequate results. Revisions were made. During the month of October 2004, feedback forms and return boxes were placed in community health and social services reception areas. An active offer for French services was included on the form while translations in official languages were available. Clients completed and placed surveys in sealed boxes. At the end of October, the boxes were returned, unopened, to the Department for analysis to ensure confidentiality.

Department staff received the surveys, entered the information into an access database and analyzed the results. The satisfaction ratings were calculated as a percentage of total responses to that question. Responses to the two open questions were analyzed inductively, that is, topics emerged from the responses. These topics were aligned with health care and performance audit criteria to form the codes presented in the final report. The overall results were reviewed by Departmental Directors and the CEOs of each HSSA in March 2005.

Our primary community care approach to delivering integrated services is to provide the right services by the most appropriate provider in the best setting at the right time and in the most efficient and economical manner. It is important to know from our clients how we are doing in this regard.

Client feedback allows us to...

- continue successful programs and delivery methods,
- recognize staff and system achievements, and
- direct our efforts to areas that need improvement.

The Health and Social Services System will continue to measure satisfaction and seek feedback in an effort to provide the best possible services with existing resources.

For more information about this or any other publication of the GNWT Department of Health and Social Services, please contact:

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